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The 1967 California Legislature enacted regulations which enable local school districts to provide appropriate physical education programs for severely physically handicapped children who cannot be served in regular programs. After a summary of regulations on eligibility, class size, and reimbursement procedures, attention is given to the following: designing physical education programs to meet individual needs; procedures for initiating instruction in remedial physical education; guidelines for judging severity of disabilities; apportionment of financial allowances; requirements for a suitable teaching station; and essential equipment and supplies. Course objectives, policies for developing a course of study, and class procedures and organization are stated; an outline of course content is provided. Two appendixes include the medical evaluation form and the form for the physician's recommendation for physical education and other physical activities. (DF)

Instruction of Physically Handicapped Minors in Remedial Physical Education

Revised

CALIFORNIA STATE DEPARTMENT OF EDUCATION
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Instruction of Physically Handicapped Minors in Remedial Physical Education

Revised

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INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION

The name of the physical education program for severely physically handicapped pupils was changed by action of the 1967 Legislature to "Instruction of Physically Handicapped Minors in Remedial Physical Education" from "Special Physical Education Classes for Physically Handicapped Minors." The financial structure was changed also to a guaranteed amount of $775 per unit of average daily attendance from reimbursement of excess current expense for providing such instruction. The intent of the Legislature in the 1967 law was to make it possible for school districts to improve the programs for the severely physically handicapped. Consequently, the method of improvement and the use of the apportionment is the responsibility of each school district. Periodically the Legislature will initiate studies to determine the use of the money apportioned to the school districts.

I. REGULATIONS[1] FOR THE INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION.

The regulations which follow were adopted by the California State Board of Education on January 11, 1968.

Article [2] 20.1 of Subchapter 1 of Chapter 1 of Title 5 of the California Administrative Code reads as follows:

Article 20.1 Instruction of Physically Handicapped Minors in Remedial Physical Education.

194. INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION. Instruction of physically handicapped minors in remedial physical education described in Education Code Section 18102 (3) (c) (formerly called special physical education classes) is designed for eligible pupils, as defined in Section 194.1, who have physical handicaps so severe as to prevent normal participation in physical education classes or normal participation in physical education classes designed to meet the needs of pupils with minor or moderate physical defects, and to necessitate their assignment for not less than six school weeks to instruction in remedial physical education. Teachers instructing physically handicapped minors in remedial physical education shall be qualified to give such instruction.

194.1 ELIGIBILITY OF PUPILS. A pupil is eligible for assignment to instruction in remedial physical education as defined in this article if, upon diagnosis by a licensed physician and surgeon he is found to have one or more of the following conditions:

(a) Serious impairment of his locomotion by crippling due to infection, including but not limited to bone and joint tuberculosis, cerebral palsy, poliomyelitis, and the like; or to birth injury, including but not limited to Erb's palsy, bone fractures, and the like; or to congenital anomalies, including but not limited to congenital amputation, clubfoot, congenital dislocations, spina bifida or to trauma, including but not limited to amputations, burns, and fractures, and the like; or to tumors, including but not limited to bone tumors, bone cysts; or to developmental diseases, including

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[1] California Administrative Code, Title 5, Education Chapter I, Subchapter I, Sections 194-194.4

[2] See California Education Code, Sections 18101, 18101.5 and 18102.

but not limited to coxa plana, spinal osteochondritis; or to other crippling conditions, including but not limited to fragile bones, muscular atrophy, muscular dystrophy, Perthes' disease and the like.

(b) Severe sensory impairments.
(c) Severe cardio vascular, respiratory, or glandular conditions.
(d) Severe postural difficulties.
(e) Other severe disabling physical conditions.

194.2. ADMISSION AND DISMISSAL. Eligible pupils shall be assigned to or removed from instruction in remedial physical education by the chief executive officer of the school district or other district employee designated by him, or by the county superintendent of schools or a member of his staff designated by him, only upon the recommendation of an admissions and dismissals committee composed of at least one person from each of the following categories:

(a) A physician and surgeon who may be the school physician.
(b) A physical education teacher.
(c) A nurse, health coordinator, or a certified employee designated as chairman of a school health committee.
(d) A certificated employee assigned to special education, counseling, or guidance activities. In addition, the chief executive officer or county superintendent may appoint any other certificated employee or employees to be a member of the committee.

194.3. SIZE OF INSTRUCTIONAL GROUP. No more than 20 pupils shall be enrolled under the instruction of one teacher in any one remedial physical education period. This limit may be exceeded only upon written approval of the Superintendent of Public Instruction. No minimum number is specified.

194.4.* MAXIMUM AVERAGE DAILY ATTENDANCE FOR WHICH ALLOWANCES FOR THE INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION MAY BE MADE. The total average daily attendance of pupils receiving instruction in remedial physical education by a district, or by a county superintendent of schools, at the elementary, high school or junior college level, is limited to one per cent of the average daily attendance of the district for that educational level for the current year. This limit may be exceeded for a given school year only upon the written approval of the Superintendent of Public Instruction. (For the purpose of estimating the number of pupils that may be enrolled in such instruction, assuming the periods are one hour in length, that will accumulate average daily attendance within this limit, the district may use as a guide 4 per cent of the total district enrollment at the applicable educational level as it exists at the end of the first school month of the current school year.)

Elementary level consists of kindergarten and grades 1-6 or kindergarten and grades 1-8; high school level consists of grades 7-9, 10-12, 9-12, or 7-12; and junior college level consists of grades 13-14.

II. SUMMARY OF REGULATIONS FOR INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION

A. Remedial physical education is only for the severely physically handicapped (Section 194)

(1) Who cannot be taught in classes for pupils with minor or moderate handicaps.
(2) Whose condition warrants assignment for at least six weeks.

* NOTE: Former Section 194.4 was repealed and 194.5 is renumbered as 194.4

(3) Who are taught by a well prepared teacher which means an interested teacher with a major in physical education, including course work in anatomy, kinesiology, physiology of exercise, special exercise, and adaptation of physical activity to individual needs. Judgment of qualification is left to the administrator.

In addition, the teacher should possess the following qualities: (1) a genuine desire to teach the severely handicapped; (2) the ability to be creative, resilient, and resourceful; (3) an understanding of the objectives and principles of adapting physical education to the needs of individual pupils; (4) a positive attitude (i.e. patient, optimistic, encouraging, enthusiastic) to a greater degree than is necessary for teaching pupils with no handicapping conditions; (5) a high degree of empathy and an understanding of interpersonal relations; (6) the ability to teach a wide range of physical education activities.

Teachers qualified to plan and implement effective programs in remedial physical education are few in number. The teacher of physical education usually has preparation in compensation or removal of postural defects through exercise, but may not be equipped to handle or provide therapeutic exercise for a wide range of severe physical handicaps. The teacher of physical education must know the limitation of the profession and his role on a team of specialists both educational and medical; he must know how to use effectively his ability to "educate muscles" and capitalize on the mechanics of human movement for efficient locomotion.

B. A pupil is eligible for assignment (Section 194.1) if a licensed physician and surgeon makes a diagnosis of one or more of the following conditions:

1. Serious impairment of locomotion.
2. Severe sensory impairment.
3. Severe cardio-vascular, respiratory, or glandular condition.
4. Severe postural condition.
5. Other severe physical condition.

NOTE: The family physician makes the diagnosis and does not make the assignment.

Many conditions reported by school districts as severely handicapping conditions have been questioned as to severity by qualified medical and special education personnel. Such conditions as asthma, poor coordination, postural difficulties, diabetes, and epilepsy should be judged solely on an individual basis as to severity. Other conditions which have been reported as physical handicaps and which do not make the pupil eligible are the mentally retarded and emotionally disturbed unless a severe physical handicap is present also.

C. Eligible pupils are assigned and removed (Section 194.2) from the class by the chief executive officer (district or county) or by a person designated by him only upon the recommendation of a committee composed of at least one from each of the following categories: physician and surgeon; physical education teacher; nurse or health coordinator, or chairman of school health committee; a certificated employee assigned to special education, counseling or guidance activities. In addition, the chief executive officer may appoint other certificated employees to be members of the committee.

D. Size of class is limited to twenty pupils at any one time (Section 194.3). If limit is exceeded, may ask for written permission. There is no minimum.

E. Total average daily attendance of pupils receiving instruction in remedial physical education is limited to one percent of the average daily attendance of the educational level for the current year. (See Section 194.4 on page 2 for suggestions for estimating the number of pupils which can receive such instruction without exceeding the limit)

III. EXPENSE INCURRED IN PROVIDING INSTRUCTION FOR PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION.

A. The teacher's salary for the number of periods of instruction is provided. The teacher-student ratio for other physical education classes should not be increased because such instruction is provided.

B. Inservice education of teachers of remedial physical education.

C. Supplies and equipment which are required by the physically handicapped and are primarily for their use.

D. Nursing service needed because instruction to the physically handicapped is provided.

E. Salary of physician and surgeon who serves on Admissions and Dismissals Committee.

F. Expense of maintenance and operation of the teaching station for the physically handicapped.

G. Travel expense of teacher if classes are maintained in one or more schools.

IV. DESIGNING PHYSICAL EDUCATION PROGRAMS TO MEET THE NEEDS OF EACH PUPIL

The physical education program offered in California public schools must be a program that is adapted for an extremely wide variety of conditions. Physicians have emphasized the fact that too often there are just two choices for a boy or girl in physical education: either vigorous, constantly energy demanding activities or remedial physical education. In the face of such a choice family physicians often are forced to suggest the remedial classes although the patient is not severely physically handicapped.

To make certain that appropriate provision is made to meet each pupil's needs, his ability should be determined, causes of his needs studied, and the program planned on the basis of this information. When this procedure is followed each pupil will have opportunity to participate in the activities that will be most beneficial to him. Through his participation in these activities the pupil with individual needs will develop a fitness level commensurate with his ability and will acquire the motor skills that are necessary for successful participation in physical activities.

Any one of several physical conditions may cause a pupil to have a special need, but the condition is seldom of such magnitude that the individual is unable to participate successfully in worthwhile physical activities. The student whose locomotion is impaired by an orthopedic difficulty should have opportunity to improve his locomotion as much as possible and at the same time to acquire the skills that

will help him to participate successfully in appropriate physical activities. The individual with postural defects that may be causing him to have poor coordination should be helped to correct the postural defects or to compensate for them by acquiring skills essential to coordinated movement.

A pupil with a cardiac condition should be encouraged to live fully within the limit of his particular condition. To contribute most toward giving the pupil the encouragement and help he needs, the physical education teacher should know the amount and kinds of activity in which each pupil may safely participate.

A pupil who is malnourished or is recovering from an operation, illness, or accident usually requires a program of limited activity. The teacher, within the limits set by the family physician, should develop with each pupil a program that meets his specific needs: resting in a horizontal position, resting in a sitting position, playing sedentary games, performing specific exercises, engaging in semi-active games, stunts, and dances. Also pupils should be taught to relax and the teacher must identify the causes of tension and if possible have them removed. For some pupils vigorous activity is more satisfying than is rest and quiet activity.

Pupils must be taught at home and at school to regard menstruation as a normal physiological function. Pain, if it occurs, is usually evidence of an emotional conflict regarding menstruation. It should be emphasized that health built upon adequate sleep, exercise, work, bathing, and relaxation contributes to a normal menstrual cycle.

Good posture is also necessary for well-functioning organs. Constipation can generally be avoided by regularly employing the practices of taking general exercise, eating a balanced diet, and drinking adequate fluids.

Certain physical conditions may cause a pupil to be disturbed emotionally, or an emotional disturbance may be the cause of the condition. The pupil who is affected in either of these ways should be given the special consideration and guidance he needs. Overweight or underweight may aggravate a feeling of inferiority; a deformity, birthmark or other skin condition, or poor muscular coordination may cause a pupil to fear ridicule; retarded or accelerated development of secondary sex characteristics in comparison with others in his own age group may cause a pupil to be unbearably self-conscious.

Medical help should be sought by referral to appropriate sources. A handicapped pupil must be helped to understand his condition and given opportunity to participate in activities that will help him develop desirable attitudes. A pupil whose emotional reaction to physical activity is undesirable should be given opportunity to participate in activities that are selected to help him overcome his emotional difficulty. Such participation should be made possible through the unit of instruction developed.

Some activities which are commonly taught in physical education should be presented with certain restrictions for many pupils. For example: (a) complete body weight should not be placed on fully bent knees just for an exercise (deep knee bends); (b) each pupil should not be expected to touch his fingers to the floor (hamstrings should be stretched in sitting position instead of standing; (c) Progressive weight lifting overhead by growing boys and girls should be taken in a lying position and not from a standing position because there is evidence that the shape of the vertebrae is changed as a result of repeated overhead lifting done in a standing position; (d) each pupil should not be expected to perform all phases of certain of the instructional areas in physical education because a pupil with a birth injury cannot injury cannot balance well enough to perform many tumbling stunts with safety

to himself and others. A pupil must be challenged to perform his best in in physical education activities but not pushed beyond his individual limitation.

In developing a physical education program for each boy and girl the following should be used as guidelines.

1. For all age groups instruction and practice in basic skills of locomotion and skills necessary for enjoyable and safe participation in physical activities for recreation and work.

2. A minimum of two units in the mechanics of body movement should be included for all pupils within the so-called regular physical education program in the seventh and eighth grades and in both the junior and senior high schools.

3. For pupils who need individual help in overcoming poor body alignment, (a) classes may be organized for a specific purpose in those schools that are sufficiently large to permit scheduling such classes, or (b) individual assignments made in regular classes in those schools too small to permit the scheduling of specific classes.

4. Each teaching unit in physical education should be planned to teach the basic motor skills necessary for pupils to acquire the movement patterns essential to successful participation in physical activities beginning with the kindergarten and continuing through the elementary grades and throughout high school.

5. If a pupil's ability to participate in physical activity is limited, he should be permitted to participate in those regular courses in which he can be successful or be enrolled in a course with the units of instruction designed to give the special help he needs.

6. Opportunity to rest and relax should be provided for each individual whose conditions make inactivity essential for a specified time.

7. The policies employed in dealing with pupils who are absent from physical education classes because of illness or other reasons, such as securing health services they need, should be designed to give full consideration to the student's welfare.

8. Classes for pupils who have severely physical handicapping conditions and require special instruction should operate as integral parts of the total program. In providing the instruction, regular procedures should be utilized as much as possible and the special procedures utilized should be sufficiently attractive that the pupils will think of enrollment in the class as a privilege and a valuable opportunity.

9. A unit of instruction or course should be offered for those pupils who score at or below the 25 percentile of the scores of the Physical Performance Test for California. Such units or courses are usually called Developmental Physical Education.

V. PROCEDURES FOR INITIATING INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION

Before a school district or an individual school within a school district establishes classes for severely physically handicapped pupils, certain procedures should be established. By utilizing the procedures that follow, all concerned with the program--administrators, teachers, counselors, physicians, nurses, parents and pupils--should be well informed about the purpose and content of the instruction for the physically handicapped minor in remedial physical education.

A. Study the regulations, purposes, organization and course content for the instruction of physically handicapped minors in remedial physical education.
B. Secure permission from local Board of Education to initiate the program after a sufficient number of severely physically handicapped pupils are identified.

C. Explain the purpose of the instruction at the outset to the teaching staff and pupils to avoid misunderstanding and negative reactions.
D. Determine the incidence of the severely physically handicapped among the pupils who should be in school the following semester by -

1. Studying health records and referral forms
2. Obtaining referrals from nurse, counselors, physical education teachers and home teachers.
3. Confering with family or school physician on cases of questionable severity.

E. Bring up to date the written policy and procedures for physical examinations, referrals, follow-up, and screening for each pupil and placement in each physical education course or class.
F. Appoint Admissions and Dismissals Committee consisting of at least one person from the individual school staff of each of the categories that follow:

1. Physician (school physician or consultant physician)
2. Physical education teacher
3. Nurse or health coordinator, or chairman of the school health committee
4. Special education teacher or counselor or a representative of the school guidance service.

The principal may appoint any other member of the certificated staff within the school. Members from a district office serve as liaison members. If the principal does not serve as chairman, he should appoint a member to serve. Successful operation of the Admissions and Dismissals Committee is enhanced by utilizing the procedures that follow:

1. The pupils are screened the semester before the initiation of the program. A referral form (Appendix B) is sent to the family physician for his diagnosis if a current one is not on file. Parents are notified by letter or conference, both of the possible action of the Committee and the final placement of the pupil. Often follow-up conferences are necessary.
2. At least two formal meetings are held each semester. Time is set aside for such meetings in the school calendar. Other meetings are called as needed. At the initiation of the program more meetings of the Committee may be needed than after the program has been established.
3. A team approach should be followed by all members of the Committee. The physician views the pupil from one frame of reference. The teacher, nurse, and counselor see the pupil from other frames of reference. All points of view are important and must be considered. The Committee makes the decision--not one member.
4. A flexible policy must operate concerning class placements. Each pupil with a physical handicap represents an individual set of problems which must be dealt with accordingly. Some pupils may need the services of a remedial physical education class during the entire period of their school enrollment while other pupils may need such a placement for the minimum of six weeks. If placement in a class or course which better meets a pupil's total needs than remedial physical education, such a placement should be made by the Committee.

G. Establish procedures for referral to family physician and his relationship to the school physician, if there is one, and to the members of the Admissions and Dismissals Committee. It is recommended that the Physician's Report and Referral Form in Appendix A and B be used.
H. Secure an interested, qualified teacher or teachers.
I. Locate a suitable teaching station which has the possibility of 20 individual working areas, both moveable and permanent.
J. Determine the best period for scheduling the coeducational class or classes. Usually the middle part of the day is best for physically handicapped pupils. Coeducational classes provide some flexibility in scheduling and in most incidences provide the best learning situation for the severely handicapped.
K. Present plan to Board of Education for final approval, including budget needed for teacher time, equipment, supplies, and additional nurse and physician service.

L. Select adequate supplies and equipment. Each school district (or county superintendent) should initiate the program with adequate supplies and equipment and with a suitable teaching station for the class. The supplies and equipment purchased should be used exclusively or at least the majority of time by the severely physically handicapped pupils. Following this criterion in carrying out the intent of the legislature to improve the quality of instruction for the physically handicapped, the majority of expenditures will be supplies and not equipment. The purchase of equipment, however, is not prohibited as it was under reimbursement for excess current expense. A definition of equipment and supplies is given on pages 77-78 of the California School Accounting Manual.[1]

VI. GUIDELINES FOR JUDGING SEVERITY OF PHYSICAL HANDICAPS

In the remedial physical education classes the handicapping condition must be severe enough to keep a pupil from participation in regular physical education classes and those classes for pupils with minor or moderate physical defects, or are physically underdeveloped.

A. The conditions that follow can be severe and usually need immediate medical attention:

1. Coxa Plana (flat head on femur, Perthes' disease) occurs in young children; must have weight of body taken off leg. Pain is a symptom.
2. Pain in knee or hip, swelling or limp in boys (mostly) ages 10-15, could be slipped epiphysis (growth center of hip). The condition of the pupil should be determined before all-out activity is allowed.
3. Scoliosis with no compensation especially in the rapid growth phase of girls (and some boys) must be checked by physician every three months.
4. Paralysis of any kind is a symptom of danger.
5. Low back pain is a symptom of needed medical help. This condition may be resulting from pressure on the discs.
6. Pain in dorsal region of spine or upper back (painful round back or juvenile kyphosis) may happen at age of 10. Cartilage is replaced by bone and vertebrae are wedge-shaped. No contact sports are possible in this condition.
7. Osgood Schlatter's disease has symptoms of pain and swelling in anterior area of knee, ages 10, 11, and 12. This condition goes away by itself, if rest is provided and no action is allowed.
8. Chondromalacia Patella has symptoms of pain and knee cracks when bent. Knee flexion must be eliminated.
9. Heart condition must be known, in order for pupil, parents, and teacher to promote a sane, healthful regimen.
10. Asthmatic conditions need to be watched.
11. Glandular condition resulting in dwarfism, obesity, and small genitalia need medical care.

B. Conditions such as those that follow are classified as not severe:

1. Flat feet - not painful
2. Club foot
3. Loss of digit
4. Slight paralysis
5. Mild footdrop
6. Mild scoliosis with compensation and no tilt of shoulders or hips
7. Corrected congenital dislocation of hip
8. Knock knees, tibial torsion, and bow legs of a mild degree
9. Rehabilitated major fractures
10. Juvenile kyphosis, not painful, and with a mild deformity

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[1] California School Accounting Manual. Sacramento: California State Department of Education, 1966 edition, pp. 77-78.

VII. APPORTIONMENT OF A GUARANTEED ALLOWANCE FOR THE INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION

The teacher of the remedial physical education class should keep a separate roll and report attendance according to district procedure. The attendance of the pupils in the remedial class is reported to the district attendance office where the units of average daily attendance are computed and reported. Apportionment for regular attendance is not affected because the pupils have already been in school for a legal full day. The allowance is determined only upon the time that pupils are being instructed in a class of remedial physical education.

The district superintendent compiles all the information for the J-22 Forms and submits it to the county superintendent of schools who in turn forwards the data to the California State Department of Education for apportionment purposes. Such information is reported for the period of July 1 - December 31 on the J-22 P_1 Form and for the period of January 1 to April 15 on the J-22 P_2 Form. This change was brought about by action of the Legislature in 1967.

It is mandatory for school districts to provide for all physically handicapped minors and in so doing some school districts may contract with other districts or with the county superintendent of schools to meet the needs of such pupils. The county superintendent of schools is mandated to provide special education classes for physically handicapped for all school districts under 8000 ADA. The county superintendent can carry out this mandate by maintaining the classes, by contracting with districts, or by approving a district to maintain its own classes.

The county superintendent of schools can be the coordinating agent for two or more districts. In this arrangement the county office may issue one salary warrant to the teacher who is under separate contract with each of the cooperating districts. Each district must accrue its own average daily attendance and make its own report for apportionment. If the county superintendent of schools conducts remedial physical education classes, employes the teacher, and accrues the average daily attendance, the administration of such classes is identical to that of remedial speech programs.

To provide specific situations involving apportionment for the instruction of the physically handicapped minors in remedial physical education the following examples are cited.

Example 1: A school maintains one class (approximately one hour in length) with full enrollment of 20 pupils throughout the year. This enrollment equals one hour per day per pupil or a total of 20 hours a day for the number of days that school is in session. For purposes of these examples we will use the figure of 175 days that school is in session and this number of days multiplied by 20 hours a day obtains the number of hours of attendance for the school year or 3500 hours. Since four hours constitute a legal school day, four hours multiplied by the 175 days equals 700 hours, which when divided into the 3500 hours equals five units of of average daily attendance. The maximum amount of money that is apportioned for the education of physically handicapped minors in remedial physical education is $775 per unit of ADA. Consequently $775 multiplied by five units of ADA equals $3,875 which is the amount that can be apportioned for educating 20 physically handicapped minors in remedial physical education for the entire school year.

Example 2: A teacher could realistically teach ten pupils (maximum is 20) in four classes of 30 minutes each day and have time for travel and preparation. He would, therefore, teach a total of 40 pupils for 1200 minutes. In dividing 1200

minutes by 240 minutes (four hours), a legal school day, there are then five units of average daily attendance. Five units of average daily attendance multiplied by the apportioned amount for each unit of average daily attendance or $775 equals $3,875 or total possible apportionment.

Example 3: A teacher could teach ten pupils (maximum is 20) in six class periods of 30 minutes each day and in addition have time for travel and preparation. Such an arrangement could be made in a very large district or in each of two adjoining districts with a total of six classes of 30 minute duration. In either case, 1800 minutes divided by 240 minutes (a legal school day) equals 7.5 days or 7.5 average daily attendance, and 7.5 multiplied by $775 or $5,812.50 is the total possible apportionment. In the case in which two districts would be using the services of one teacher, each district would be responsible for one-half or that portion of the teacher's time spent in teaching special physical education classes in each school district.

Example 4: If in a unified school district a teacher taught two 60 minute periods of ten pupils (maximum is 20) each in the high school and two 30 minute periods in the elementary school with ten pupils each, he would be teaching 1800 minutes and, again, this assignment would equal 7.5 average daily attendance. The total apportionment would be $5,812.50.

VIII. REQUIREMENTS FOR A TEACHING STATION SUITABLE FOR CONDUCTING THE REMEDIAL PHYSICAL EDUCATION CLASSES.

The teaching station for the remedial physical education class must be available at all times for members of the class without interference or interruptions from other classes. Instruction in activities out-of-doors or in other indoor stations will take the pupils to other types of teaching stations but these should be scheduled according to certain days or weeks and shared by other classes in the school. Other pupils may use the remedial physical education teaching station only when a remedial class is not in session. The remedial teaching station belongs to the remedial physical education class for the sole use of the members during scheduled periods. An adequate teaching station has the following requirements.

A. Is easily accessible to pupils and so constructed that pupils in wheeled chairs and crutches can easily reach the room.
B. Has a minimum size in elementary schools of a classroom and the recommended size of 35 ft. x 35 ft. or more. A classroom in a high school would have to be considered a temporary teaching station; the recommended size is 40 ft. x 60 ft.
C. Has an entrance so placed that the room is readily available to both boys and girls.
D. Is well-ventilated with adequate light and heat.
E. Has warm floors and is free from drafts, and clean for each class session.
F. Has storage for equipment and supplies adjacent and readily available.
G. Is accessible to suitable dressing and showering areas.
H. Possesses some clear wall space.
I. Has space and equipment for teacher.
J. Has available adjacent outdoor turfed and hard-surfaced areas for a variety of games that can be adapted to many needs.
K. Has a ceiling high enough for apparatus or certain heavy apparatus available or adjacent during most of the class time.
L. Has swimming facilities available on campus or within community.

IX. ESSENTIAL EQUIPMENT AND SUPPLIES FOR THE INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION

The equipment and supplies that follow are necessary to provide a suitable teaching station. Additional equipment and supplies should be added as required.

Quantity	Essential Equipment	Comments
2	Barbells	Graded weights up to 100 lb. per set
1	Chest Pulley Exerciser	Surgical tubing can be used at a cost per device of approximately $2. Adjustable at 1,3,5,10, 15 and 20 lbs.
12	Dumbells, Hand Weights, or Sand Bags	Various weights such as ½,1,2,5, and 10 lbs.
1	Iron Boot (pair) or similar weight for foot	
2	Leg Exercisers	Use rubber tubing. Movable or stationary commercial exercisers.
2	Medicine Balls	Weights of 4 and 8 lbs. May need 5 and 10 lbs. later on.
1	Upper Body and Arm Exerciser	Use tubing; wall type pulley or adjustable type .
1	Chinning or Horizontal bar	Adjustable.
1	Foot Slantboard	May need more than one eventually.
2	Ropes for Climbing	Need at least 2-one knotted and one regular with 16'-20' height and installed 4 ft. apart.
20	Individual Mats	Foam rubber mats are lightweight, easy to move and store. Sizes 72"x28" or 3'x6'. Large wrestling mat can supplement individual mat stations.
6	Individual Stools	Suggest padded tops.
1	Punching Bag	
2	Peg Boards	Elementary and intermediate.
1	Parallel Bar	Wall type or standing with adjustable heights.
1	Plinth or Exercise Table	Padded and adjustable surface
1	Record Player and a Variety of records	Adjustable speed.
3	Stall Bars	One set is essential-2 sets of standard stall bars may be needed later.
1	Scale	Standardized scale-with height device. Use in conjunction with other aspects of program.
1	Three-way Mirror	Should be protected and a movable one may be advantageous.
1	Balance Beam or Balance Board	10' x 4" x 4"
2	Bulletin Boards	One wall board-one movable and serve also as a screen 3' x 5' or 4' x 5'.
1	Chalk Board	Size 4' x 6'- movable; colored chalk.
1	Muscular Chart	
1	Tape Measure-Cloth or Steel	Cloth tapes are inexpensive and can be replaced when stretched. Need 72" length. Will need additional ones.
1	Grid Posture Screen or Camera and film for still pictures. Polaroid-type may be advantageous	6'x3'-not necessary if take pictures and mark joints or points of alighment. Plumb Line markers good to use.

Quantity	Essential Equipment	Comments
6	Jump Ropes	An additional 10 or more of various lengths needed later on-nylon rope is long lasting.
6	Table Games such as Carom , Paddlepool, Checkers, Box Hockey, Bowling Game	When selecting games provide games to meet need for individual total muscle use and development. Find some games to force muscle use such as bend, stretch, rotate, or play with minimum of energy output. Find games using bells for visually handicapped.
1	Table Tennis available	Fold away; will need more.

X. OUTLINE OF COURSE CONTENT FOR INSTRUCTION OF PHYSICALLY HANDICAPPED MINORS IN REMEDIAL PHYSICAL EDUCATION

A. Purpose.

1. The purpose of Instruction of Physically Handicapped Minors in Remedial Physical Education is to provide a physical education program that meets the individual needs of each severely physically handicapped pupil in the elementary school, junior high school and senior high school. Within the limitations of the special needs of each individual, the objectives of physical education, as stated in the Teachers Guide to Physical Education for Girls in High School[1] should be achieved.

a. To understand and accept the body as a part of the total self and as a means of expressing one's ideas, attitudes, and emotions.

b. To develop and maintain the highest possible level of fitness and physical efficiency for meeting the demands of wholesome living.

c. To develop socially accepted ways of behaving as an individual and as a member of a social group.

d. To develop interest in worthwhile recreational activities and to become proficient in using the skills essential to successful participation in the activities.

2. In addition, each member of a remedial physical education class should be able to attain the following:

a. Accept his physical limitations and recognize his need for living as actively as possible with them.

b. Develop coordinated locomotion within limits of handicap.

c. Ameliorate or compensate (overcome) handicaps when possible.

d. Develop skills and safety habits for participation in physical activities involved in work and recreation.

e. Learn necessity for, and techniques of relaxation.

f. Achieve competency in more than one type of physical education activity.

g. Understand various sports so that he will have satisfying experiences as a spectator.

B. Recommended Policies for Developing Course of Study.

Members of state-wide workshops agreed that the purposes and principles of the course of study as outlined were well stated for the program in its entirety and are suitable for both boys and girls. The State Department of Education and interested school districts were urged to develop a detailed course of study. Agreed upon policies are as follows:

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[1]Teachers Guide to Physical Education for Girls in High School. Sacramento: California State Department of Education, 1957, pp. 1 and 2.

1. Each class should be conducted as an individualized course for each enrolled pupil.

2. The program should approximate the "regular" program as much as is feasible and help rehabilitate or compensate for each pupil's handicap.

3. The program must be creative and should encourage each pupil to strive for his best performance.

4. Activities which are highly motivating as well as serving as a means for measuring improvement should be employed to meet individual pupil needs.

5. One basic philosophy for the course should be to get pupils who are able, assigned to other courses offered in physical education, not only permanently, but also for units of appropriate activities.

6. School personnel and medical personnel must determine what is best for the specific pupil, give this decision the necessary priority, and then provide a program for the pupil accordingly. If pupils need service the schools can provide, such provision must be made.

C. Class Procedures and Organization

1. Records. An explanation should be given to each pupil regarding his medical and physical examination to bring about an understanding of his abilities, limitations, and potentialities for physical activity. Such procedures necessitate the development and use of an efficient record keeping system. One or more forms which best expedite record keeping, counseling, and instruction and which contain the following information should be developed:

a. Pupil data card with such information as name, address, telephone number, class, date entering class, date leaving class, physical status, limitations, physician's name and telephone number.

b. Referral form, including physician's findings and recommendations, specifically:

(1) specific diagnosis; (2) probable prognosis; (3) date of re-examination; (4) indication of any unremediable handicaps; (5) specific limitations; (6) specific exercises recommended.

c. Inspection chart (pictures or drawings) of postural conditions.

d. A chart for progressive measurements such as height, weight, arms, chest, legs, and waist. Measurements should be repeated at least once a semester or more frequently for motivation of pupil effort.

e. A form for progressive exercises for each individual pupil, including such items as: name and description of exercises (with pictures, if possible), part of body used, equipment, number of repetitions and sets, and amount of resistance, if any.

f. A card or form for testing data, including scores of appropriate physical performance tests that may be administered to pupils.

g. Chart showing the results of participation in sports and games adapted to individual needs.

h. Evaluation chart of pupil progress, including mark (grade).

i. Form on which to record class daily attendance, date of enrollment, and date of leaving class.

2. Teacher-Pupil-Parent Relations. If based on the summation of the educational and medical findings, utilization of the following types of procedures will help orient pupils in a remedial class in a manner conducive to successful achievement for each pupil.

a. Utilization of individual records:

(1) Medical evaluation (Appendix A and B)

(2) Educational evaluation

(a) Scores on intelligence and reading tests

(b) Home and family background

(c) Performance and achievement records

(d) Interests and aptitudes.
(e) Vocational goals and possibilities.
(3) Pupil program development.
(a) The pupil's program must be commensurate with his medical and physical condition and his educational status and prognosis.
(b) The program should be re-examined periodically and necessary changes made.
b. Conferences.
(1) Pupil-Teacher. The relationship of the pupil and teacher is the vital link in which the pupil's program is made meaningful to him in terms of his condition as it relates to what he hopes to accomplish.
(2) Parent-Teacher. A positive working relationship is necessary between parent and teacher in order to achieve the goals set for each pupil.
(3) Others. As necessary, conferences with the physician, nurse, counselor, or other teachers should be conducted.
c. Necessary items for class discussion.
(1) Purpose of the class, as well as class procedures and evaluation techniques.
(2) Vocational opportunities available.
(3) Pupil's responsibilities to self and others in the class.
d. Parent visitations and other types of communication with parents as is deemed necessary or desirable.
3. Getting the class organized
a. Enroll all pupils assigned to the remedial class, both old and new. Every attempt should be made to complete this prior to the first day of school. Since diagnosis is required prior to assignment, a diagnosis should be available for each pupil. Also available should be the limits set up by the physician.
b. Assign activities to "old members of the class" first, in accordance with their activities from the previous semester.
c. Assign activities to "new members of the class" second. Since this procedure can be a rather lengthy process, steps should be taken to occupy the pupils profitably while they are waiting for their individual conference and specific activities to be taught to them. During this time one or more of the following procedures may be used by the pupils according to their needs.
(1) Conducting library research pertaining to own handicapping condition. Pertinent material must be available.
(2) Participating in games, such as shuffleboard, table tennis, horseshoes, and table games known to be within the capabilities and limitations of the pupils.
(3) Working with an "old member" as a "buddy" who has the same condition and requires the same program.
(4) Observing the individual exercises being taught to classmates for the sake of knowledge and understanding.
d. Provide each pupil with an "activity card" which is available to him each day. This card should reflect the individualized approach of the instruction and be reviewed periodically and the activities changed or modified. (Note: Severely handicapped pupils should not be given mass calisthenics, and exercises sh should be given to small groups of pupils only if they have exactly the same condition.)
e. The teacher of the remedial class should arrange with the Admissions and Dismissals Committee, whenever possible, to have a pupil transferred to another class for instruction when the activity is well within the capabilities and limitations of the pupils.

D Outline of Course Content
1. Planned individualized programs of activities including exercises in the water, to produce, within the ability or potential of each pupil, the following:
a. Efficient locomotion and coordinated body movement by utilizing:
(1) Films of pupils working in specific movement patterns.
(2) Tests for locomotion and range of movement of parts of body.

(3) Rhythms and rhythm instruments.
(4) Exercises for coordination
(5) Instruction in swimming and exercises in the water.
(6) Resistive exercises to increase the range of movement.
(7) Movement as an aesthetic value.
b. Rehabilitation of specific parts of the body by utilizing:
(1) Resistive and stretching exercises.
(2) Exercises and games in the water.
(3) Activities based on movement patterns of daily living .
(4) Individualized and appropriate exercises for each pupil.
(5) Instruction in the care of the body and prevention of injury.
c. Improved muscular strength for optimum physical performance by utilizing:
(1) Resistive exercises, (a) with pulleys; (b) on apparatus; (c) against gravity; (d) with weights; (3) isometric.
(2) Active assistive exercise with pupil assistance.
(3) Principles of elementary physiology and kinesiology.
d. Rest and relaxation by utilizing:
(1) Relaxation techniques for body parts as well as for total body.
(2) Recreation that results in relaxation.
(3) Rest according to the requirements of the individual's medical needs.
(4) Exercises for relaxation to remove tensions, (a) conscious muscular contraction and relaxation; (b) with music; (c) in the water.
e. Flexibility by utilizing:
(1) Exploration of the natural degree of limitation.
(2) Stretching exercises suitable to each body type.
(3) Adaptation of flexibility to body type
f. Balance by utilizing:
(1) Activities in water.
(2) Rebound tumbling.
(3) Stunts on mats and on apparatus.
(4) Specialized exercises for specific needs.
g. Activities for fun and enjoyment. This item is in reality a technique and not a matter of course content, but a needed element for an effective program.

2. Program of instruction in which skills are acquired that are fundamental to successful participation in physical recreation activities.
a. Activities modified to make possible for each pupil the results that follow:
(1) Avoidance of emotional stress or physical strain.
(2) Development of skills in various activities.
(3) Development of attitudes of fair play and self-reliance.
(4) Performance of some seasonal activities, if possible.
(5) Acceptance of individual limitations and acquiring of ability to live within them.
(6) Performance with maximum safety.
(7) Provision for individual success, for example: Individual sport: Tennis. Play paddle tennis with a slow tempo to avoid excessive exertion. Team sport: Basketball. Teach games that have the elements of basketball, such as: Around the World, Half-court or One Goal Basketball, Six-court Basketball, Scooter Basketball.
b. Rhythms and dance adapted to needs of each individual.
(1) Performance of appropriate locomotor, axial, and combined rhythm skills within specific limitation of pupil.
(2) Performance of general and specific exercises to music.
(3) Participation of short folk dances with adequate rest periods and adaptations such as substituting walking for skipping.
(4) Utilization of suitable exercises and techniques from modern dance, particularly those performed on the floor.

c. Backyard games such as shuffleboard, deck tennis, jump rope, tetherball, four-square, pitch back, horseshoes, croquet.

d. Semi-active indoor games such as table tennis, volley tennis, sitting and walking relays, circle games.

e. Table games providing some physical activity, and emphasizing hand-eye coordination. Examples are carom, checkers, table tennis, cribbage, paddle pool, table shuffleboard, box hockey.

f. Other non-running activities selected according to individual needs, such as: Punching bag, scoop ball, weight training, stunts and tumbling, relays, participation on mechanical exercise machines, golf, bowlite and horseshoes.

g. Aquatic activities with attention given to the elements that follow:

(1) Careful guarding or two guards for each 20 pupils.
(2) Water heated to 80-90°F.
(3) Provision of floats and buoyancy devices.
(4) Teaching strokes commensurate with individual ability.
(5) Providing rest as dictated by individual needs.
(6) Adaptation of strokes for specific muscular strengthening and stretching.
(7) Instruction in synchronized swimming.
(8) Instruction in water safety.
(9) Utilization of water games and stunts.

3. Opportunities to develop skills of group membership and leadership involved in physical activity.

a. Spectator sports.

(1) Films showing entire sport.
(2) Clinics on how to observe.
(3) Discussion of books, magazines, and television programs.
(4) Presentation of vocabulary.
(5) Practice in keeping score.
(6) Practice in organizing tournaments.

b. Current family recreational pursuits.

(1) Camping and field trips on school camp sites.
(2) Instruction in fly casting, riflery and yachting.
(3) Utilization of community resources in presenting new activities.
(4) Teaching pitch and putt golf and miniature golf.
(5) Planning and conducting parties.
(6) Instruction in the safe use of small craft.

c. Officiating.

(1) Planning and conducting intramural programs.
(2) Developing competence to assume teacher-assistant role for short periods of time in an appropriate class.

d. Conducting physical activities suitable for different age groups (young children through senior citizens)

(1) Learning how to participate in and directing the following: (a) Children's parties: pre-school, kindergarten and primary ages, children in the middle grades and adolescents; (b) games for small spaces indoors and outdoors; (c) teen-age parties and activities for picnics; (d) hobbies and physical recreation suitable for senior citizens.

(2) Practice in social recreation events at school or in community.

e. School Recreation

(1) Provision of intramural programs involving semi-active and sitting games.
(2) Hobby clubs and committees available to each pupil in school.

4. Evaluation and reporting to pupils and parents.

a. Evaluation of remedial physical education class or classes as a program.

(1) Adequacy of screening and medical service.
(2) Effectiveness of committee on admissions and dismissals.
(3) Suitability of course content
(4) Number and type of severely handicapping conditions served by classes.

(5) Procedure for follow-up of pupils.
b. Evaluation of pupil progress
(1) Rate of progress in terms of individual expectancy.
(2) Achievement in terms of individual expectancy.
(3) Acquisition of new skills.
(4) Acquisition of new knowledge.
(5) Evidence of self-direction.
(6) Evidence of group membership and leadership.
(7) Evidence of pupil's understanding of limitation and potentialities.
(8) Participation in recreational activities.
c. Reporting to pupils and parents.
(1) Use of same letter symbols as used in other classes in physical education.
(2) Opportunity for self-evaluation by each pupil.
(3) Conference with each pupil.
(4) Conference with parents.

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APPENDIX A

RECOMMENDED SAMPLE FORM

[NAME OF SCHOOL or SCHOOL DISTRICT]

PHYSICIAN'S REPORT FOR SCHOOL USE

Date_____

Pupil's Name_____
Last First Grade Birthdate

School_____ Address_____

PARENT'S AUTHORIZATION: I hereby give my consent to the school named above to receive from or send to Dr _____ any information concerning my child.

SIGNATURE OF PARENT_____ Address_____

REASON FOR REFERRAL: Enrollment ☐ Other ☐ (Specify):

HISTORY OF IMMUNIZATIONS AND TESTS (State date or age last given):

Smallpox_____ Reaction_____ Report of urinalys's_____
DPT (Initial series completed)_____ Tuberculin Test (Intradermal)_____ Pos._____ Neg._____
Boosters for DPT or DT_____ Chest X-Ray_____ Pos._____ Neg._____
Polio: Salk 1_____ 2_____ 3_____ 4_____ Other (Specify)_____
Sabin Type I_____ Type II_____ Type III_____

MEDICAL EVALUATION

	COMMENTS OR RECOMMENDATIONS
1. Is there any **physical defect** or **condition** (orthopedic, cardiac, etc.) which limits participation in: (a) classroom activities (b) physical education (c) competitive athletics (indicate sports)	If yes, what do you recommend?
2. Is the child subject to any condition which may result in a classroom emergency: e.g., **epilepsy, fainting spells, diabetes, allergic reactions, bee stings,** etc. **heart condition.**	If yes what do you recommend?
3. Is there any **emotional, mental or physical condition** for which the child should be under periodic medical observation?	If yes, what do you recommend?
4. Is there any **eye condition** or **defect in vision** which requires special consideration? Glasses required? To be worn full time?	If yes, what do you recommend?
5. Is there any **ear condition** or **defect in hearing** which requires special consideration? Are there ways in which the school could compensate by proper seating or other action?	If yes, what do you recommend?
6. Are there any indications that this child will have difficulty in adjusting to the school experience?	If yes, what do you recommend?

7. Other comments or recommendations:_____

8. Is this pupil under your regular care? Yes_____ No_____ How long?_____

Date of last examination_____ Comment:_____

EXAMINING PHYSICIAN Address

DOCTOR: PLEASE FOLD AND GIVE TO PARENT OR RETURN THIS FORM TO SCHOOL AS ADDRESSED ON BACK

Form approved by_____ Medical Society and the California Medical Association.

APPENDIX B

REFERRAL FORM

PHYSICIAN'S RECOMMENDATION FOR PHYSICAL EDUCATION AND OTHER PHYSICAL ACTIVITIES

Dear Physician:

All pupils enrolled in the public schools participate in physical education activities which are designed to meet the growth and developmental needs of boys and girls. In addition many pupils participate in other types of physical activity such as intramural programs, interschool athletics, band, drill team. To identify specific needs of each pupil, the physician, parents, and school personnel must work cooperatively. Will you please provide us with the information listed below so that we can provide appropriate activities for: _____
(Pupil's name)

FINDINGS AND RECOMMENDATIONS TO THE SCHOOL

I have examined _____ and find the following handicaps,
(Pupil's name)

if any: _____

_____

I recommend the following: (check appropriate item or items)

____ 1. No restriction on any type of activity.

____ 2. Participation in all activities (intramural and other activities in addition to physical education) with the exception of interschool athletics.

____ 3. No restriction on activities in physical education.

4. Adaptations in physical education to fit individual needs:

____a. Little running or jumping

____b. No running or jumping

____c. No activities involving body contact

____d. Exercises designed for rehabilitation

____e. Strenuous conditioning exercises

5. Other adaptations: (specify) _____

_____

I recommend the adaptation for: ____2 weeks, ____1 month, ____3 months, ____6 months

Date _____ Signature: _____

Address: _____

Please mail this form to: (Name and address of school should be given here)

Form approved in compliance with Education Code section 11906, Superintendent of Public Instruction, State of California 10/25/62.